

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/766,173-Conf. #4427
	<b>Filing Date</b>	January 28, 2004
	<b>First Named Inventor</b>	John E. Ahern
	<b>Title</b>	DEVICES AND METHODS FOR TREATING TISSUE
	<b>Art Unit</b>	3774
	<b>Examiner Name</b>	W. H. Matthews
	<b>Attorney Docket No.</b>	B0953.70003US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23628

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☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jean F. Miller</i>	Date	March 25, 2008
Name	Jean F. Miller	Telephone	908-277-8000
Title and Company	Authorized Signer, C.R. Bard, Inc., Assistant Secretary		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 31, 2008

Signature: Christine Doyle (Christine Doyle)